Name in Full Mrs. Emma L. Crabtree

Certificate of Death

Died at Town Corrigansville County Allegany MARYLAND

Date 1899 Month 6 Day 3 | Age Y. 42 M. D. | Native of | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Femele Colored ~~Single~~ ~~Widower~~ Number of children living 8

Husband of Wife Thos. Crabtree

Father's Name

Mother's Name 22a

Cause of Death: Primary Consumption | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Courier 5-20

Address Filed 1899

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Name in Full Emma J. Green

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 1899 Month May Day 6 Age Y. 5. M. 2. D. Native of Lonaconing Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~

~~Wife~~

Father's Name John Green

Mother's Name Annie James

Cause of Death Primary Diphtheritic Croup

Immediate 8 a

How long sick 3 days

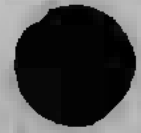
Accident, Suicide, Homicide

Reported by Jas O. Bullock M.D.

Address Lonaconing Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Florence E. Harrison

Died at Town: Cumberland County: Allegheny MARYLAND

Date 189 9 Month: 5 Day: 3 Age Y. 7 M. 13 D. Native of Md Occupation Infant

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

Husband of
Wife

Father's Name J. E. Harrison

Mother's Name 396

Cause of Death: Primary Cerebro Spinal Mengitis — How long sick 8 days

Immediate " "

Accident, Suicide, Homicide

Reported by C. Hoffman

Address Keyser W Va

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Baby Hausmann

Certificate of Death

Died at Town Lonaconing County Allegany MARYLAND

Date 189 9 Month May Day 7 Age Y. — M. — D. 8 Native of U. S. Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Wm. Hausmann Mother's Name Mary Wilson

Cause of Death Primary Spina Bifida 137 How long sick 8 days

Immediate Convulsions ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter M.D.

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Helen May Hoffman

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month May Day 11 Age Y. 1 M. 4 D. 3 Native of Md Occupation child

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living —

Husband of Wife — — — —

Father's Name William L Hoffman Mother's Name Cora Hoffman

Cause of Death Primary Burn 146 a How long sick

Immediate Convulsions Accident, ~~Suicide, Homicide~~

Reported by J Jones Wilson

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. Md

LIBRARY BUREAU, 66968

Name in Full — Jackson

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1899 Month May Day 27 Age Y. — M. — D. 1 Native of Cumberland Occupation Infant

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of —
Wife

Father's Name Wm Jackson Mother's Name Lilly Jackson

Cause of Death { Primary Congenital heart disease How long sick 4 hours
Immediate Same 137 ~~Accident, Suicide, Homicide~~

Reported by E. J. Duke M.D.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Mrs. Anna Johnson

Died at Town Mt. Savage County Allegany MARYLAND

Date 189 9 Month 5 Day 12 Age Y. 17 M. D.

Native of

Occupation

~~Male~~ Female

White Colored

Married ~~Single~~

Widow Widower

Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death — Primary: Consumption

How long sick

Immediate

Accident, Suicide, Homicide

Reported by Courts 5-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full: Andrew J Mayhue

Certificate of Death

Died at Town: Sylvan Retreat County: Allea. MARYLAND

Date 1899 Month: May Day: 4 Age Y. 38 M. – D. – Native of: Md Occupation: Laborer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife: –

Father's Name: – Mother's Name: –

Cause of Death: Primary 44 Immediate Paralysis

How long sick: –

Accident, Suicide, Homicide

Reported by: Ed. Brace

Address: Cumb Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Thomas Blair McCulloh

Died at Town Cumberland County Allegany MARYLAND

Date 189 9 Month May Day 18 Age Y. 56 M. 0 D. 7 Native of Maryland Occupation Postal Clerk

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Robt C McCulloh

Mother's Name Mary P McCulloh

Cause of Death Primary Nervous Debility 44

Immediate Paralysis

How long sick 5 days

~~Accident, Suicide, Homicide~~

Reported by W J Cragen MD

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full James McDonald

Certificate of Death

Died at Town Lord County Allegany MARYLAND

Date 1897 Month 5 Day 21 Age Y. M. D. Native of Scot Occupation Miner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Sylvia McDonald

~~Father's Name~~ ~~Mother's Name~~

Cause of Death Primary Tuberculosis 22a How long sick 6 weeks

Immediate Abscess of lung ~~Accident, Suicide, Homicide~~

Reported by C Brokmarker

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65768

Name in Full Mrs. Elizabeth Ryan Inc Mullen

Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 19 00 Month 5 Day 15 | Age Y. 78 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

Husband of Wife Father's Name Hugh Inc Mullen, Sr.

Mother's Maiden Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Garrett Journal

Address 5-17-1900

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79209

Name in Full

Wm McMurdo

Certificate of Death

Died at Town: Lonaconing County: Allegany MARYLAND

Date 1899 Month: 5 Day: 3

Age Y. 21 M. 8 D. 18 Native of Scotland Occupation Miner

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name James McMurdo

Mother's Name 71

Cause of Death: Primary Pleura Pneumonia — How long sick 10 days

Immediate Heart Failure — ~~Accident, Suicide, Homicide~~

Reported by C Brotemarkle

Address Lonaconing Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58868

Name in Full Samuel Miller — Certificate of Death

Died at Town: Lonaconing County: Alleganey MARYLAND

Date 189 9 Month: May Day: 30 Age Y. 14 M. 6 D. 23 Native of U. S. Occupation Miner

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband of Wife~~

Father's Name Norman Miller Mother's Name Rebecca Miller

Cause of Death: Primary Mining Accident 145c How long sick 5 hours

Immediate Internal Hemorrhage Accident, ~~Suicide, Homicide~~

Reported by M. Gibson Porter

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

William Parish.

Certificate of Death

~~Died~~ Killed at Town Cumberland County Allegany MARYLAND

Date 1899 Month May Day 8th Age Y. 18 M. — D. — Native of W.Va. Occupation Laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

1526

Father's Name — Parish

Mother's Name Elizabeth Parish

Cause of Death: Primary Gun Shot Wound

Immediate Internal Hemorrhage

How long sick

~~Accident, Suicide~~, Homicide

Reported by W. W. Wiley

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full: Edmond Powel

Certificate of Death

Died at Town: Gilmore County: Allegany MARYLAND

Date 189 Month: May Day: 13 Age Y. 60 M. 3 D. 10 Native of Occupation: Labor Saldo

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband ~~Wife~~ of Priscilla Bauman

Father's Name — Mother's Name Mary Jones

Cause of Death: Primary Senile Dropsey 1550 3 years How long sick

Immediate Oedema of Lungs Accident, Suicide, Homicide

Reported by A. G. Smith

Address Ocean Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU, 65968

Name in Full George W. Roberson — Certificate of Death

Died at Lonaconing (Town) Allegany (County) MARYLAND

Date 1899 Month May Day 27 | Age Y. 44 M. 10 D. — | Native of U.S. | Occupation Miner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 8

Husband ~~Wife~~ of Jennie Roberson

Father's Name George Roberson | Mother's Name Annie Roberson

Cause of Death — Primary: Mitral Insufficiency — How long sick 2 weeks

Immediate: Acute Bronchitis 5-7 — ~~Accident, Suicide, Homicide~~

Reported by M. Gibson Porter, M.D.

Address Lonaconing Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Rourke

Certificate of Death

Died at Town Ocean County Allegany MARYLAND

Date 1899 Month May Day 28 Age Y. 8 M. 5 D. Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ ~~of~~

Father's Name Jno T Rourke

Mother's Name Mary Cramer

Cause of Death Primary Whooping Cough &

Immediate Meningitis

How long sick 3 weeks

~~Accident, Suicide, Homicide~~

Reported by A G Smith Md

Address Ocean Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full Catharine Schaidt — Certificate of Death

Died at Town Lonaconing County Alleganny MARYLAND

Date 1894 Month May Day 26 Age Y. 7 M. 6 D. 16 Native of Germany Occupation Wife

~~Male~~ Female — White — Married — Widow — ~~Divorced~~ — ~~Widower~~ — ~~Single~~ — Number of children living 4 -

~~Husband~~ Wife of Peter Schaidt (deceased)

Father's Name Phillip Schaaf — Mother's Name Cunigunda Schaap

Cause of Death: Primary Colchicum Poisoning — How long sick 2 days

Immediate Gastro-enteritis 15-1 — Accident, ~~Suicide, Homicide~~

Reported by M. Gibson Porter M.D.

Address Lonaconing Maryland -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Harrison Twigg

Certificate of Death

Died at Town Flintstone County Allegany MARYLAND

Date 1899 Month 5 Day Age 17 Y. M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Drowned 148 How long sick

Immediate Accident, Suicide, Homicide

Reported by Independent 5-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

0-70-12-17

Name in Full Wm Twigg

Certificate of Death

Died at Town Flintstone County Allegany MARYLAND

Date 189 9 Month 5 Day | Age Y. 17 M. D. | Native of | Occupation

Mala White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Drowned 148 | How long sick

Immediate | Accident, Suicida, Homicida

Reported by Independent 5-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898